

Variance Application

Gallatin City-County Health Department, Environmental Health Services

This application must be completed and submitted with all of the required information. Variance applications must be submitted and processed in accordance with the Regulations for Wastewater Treatment Systems (effective June 27, 2004). Variance application fees will be assessed (see fee schedule).

If the variance request(s) concerns the proposed construction, repair, replacement or alteration of a wastewater treatment system (WWTS), a WWTS permit application package must first be completed and submitted with the appropriate fees to the Gallatin City-County Health Department. The following must also be completed and submitted with this application for the variance request to be considered:

1. Variance Criteria Form (attached)
2. Adjacent Property Owner(s) List (attached)
3. A detailed and accurate description of the proposed project or circumstances under consideration.

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*\*Please print or type the information as requested below:*

Property owner(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

P.E. or site evaluator name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Authorized road address \_\_\_\_\_  
(of variance request property)

Subdivision or COS: \_\_\_\_\_ Lot/Tract: \_\_\_\_\_ Block: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Specific regulation from which the variance(s) is requested:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

|   |       |
|---|-------|
| # | _____ |
| # | _____ |
| # | _____ |

Clearly describe each variance request (you may attach additional sheets):

• Health Dept. use only •

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**I hereby make formal request to the Gallatin City-County Board of Health for the variance(s) from the Regulations for Wastewater Treatment Systems as cited above.**

- **I am submitting this request only after all alternatives not requiring variance(s) have been explored.**
- **I understand the Board may not be able to approve a variance that will violate State of Montana Rules or Codes. Should the request be denied, I understand I may appeal the Board of Health's decision to the Montana Department of Environmental Quality, per 75-5-305, MCA.**
- **I understand that my signature documents permission for the Environmental Health Services office to file the variance ruling(s) with any and all affected parcels in the Gallatin County Clerk and Records Office prior to issuance of a wastewater treatment system permit.**
- **I (We) hereby certify under penalty of perjury that I (we) are the legal owners of the above real property or an authorized agent thereof. I (We) further certify that I (we) have read and understand this variance application and certify that the information submitted is true, complete, accurate and correct to the best of my (our) knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Legal property owner or authorized agent)

## Variance Criteria Form

### Gallatin City-County Health Department, Environmental Health Services

You must address each of the following criteria items as clearly and completely as possible. This information will be forwarded to the Gallatin City-County Board of Health and will be crucial to their discussion and final decision. You may use additional sheets as necessary.

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The property owner/authorized agent must clearly demonstrate that all alternatives not requiring a variance have been explored.

Variance requests related to the proposed use of an experimental system must provide for an acceptable alternative system should the experimental system prove to be inadequate in terms of treatment, dispersal or operation and maintenance.

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The following standards for granting a variance must be addressed:

1) The property owner/authorized agent must first prove:

a) The system that would be allowed by the variance is unlikely to cause pollution of state waters in violation of 75-5-605, MCA, and

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b) The granting of the variance will protect the quality and potability of water for public water supplies and domestic uses, and will protect the quality of water for other beneficial uses, including those uses specified in 76-4-101, MCA, and

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c) The granting of the variance will not adversely affect public health, safety and welfare, and

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2) The property owner/authorized agent must also prove:

a) Special circumstances exist where strict compliance with GCCHD regulations will result in unnecessary hardship that is peculiar to the property owner's property or situation, and

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b) Special circumstances exist where strict compliance with GCCHD regulations will result in unnecessary hardship that is not caused by the property owner's action or inaction, and

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c) The variance does not conflict with the purpose of the GCCHD regulations.

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**Certification Of Adjoining Property Owners List**  
**Gallatin City-County Health Department, Environmental Health**

I (We), \_\_\_\_\_, property owner/authorized  
(print your name)

agent of the attached request for a variance to the Regulations for Wastewater Treatment Systems, hereby  
certify that, to the best of my knowledge, the attached name and address list of all adjoining property owner(s)  
of my property located at:

\_\_\_\_\_  
Authorized Road Address of Variance Request Property

Subdivision or COS: \_\_\_\_\_ Lot/Tract: \_\_\_\_\_ Block: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

is a true and accurate list from the last declared Gallatin County tax records. I (We) further understand that an  
inaccurate list may delay processing, or invalidate my application for a variance.

\_\_\_\_\_  
Signature (property owner or authorized agent)

\_\_\_\_\_  
Date:

**List of Adjoining Property Owner(s) for Variance Requests**  
**Gallatin City-County Health Department, Environmental Health Services**

Name of Property Owner \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

Location of property \_\_\_\_\_  
(Authorized Road Address)

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Site Evaluator/P.E.: \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

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1. Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

Location of property \_\_\_\_\_  
(Authorized Road Address)

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

2. Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

Location of property \_\_\_\_\_  
(Authorized Road Address)

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

3. Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

Location of property \_\_\_\_\_  
(Authorized Road Address)

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

4. Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street, PO Box City, State, Zip

Location of property \_\_\_\_\_  
(Authorized Road Address)

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_